



## Building & Safety/Business License Divisions

Mailing Address: 5050 N. Irwindale Ave., Irwindale, CA 91706

# Welcome to the City of Irwindale

The City of Irwindale welcomes you to the business community. We are pleased that you have selected our City for your business enterprise. We are here to assist you through the occupancy and business license process.

### **Business License Information**

The City of Irwindale requires a business license to operate any type of business in the City. You may not operate your business until such time that all City requirements are met, business license fees are paid, and you have been issued a business license. Questions: Please contact the Business License Division (626) 430-2252.

### **Occupancy Permit Information**

#### ***Required for New Business Licenses and New Tenants/Building Occupancy***

Any business that proposes to occupy a building, space, or an empty lot within the boundaries of the City of Irwindale must apply for and obtain an Occupancy Permit from the Building & Safety Division prior to receiving your Business License. Questions: Please contact the Building & Safety Division at (626) 430-2205.

Building & Safety and Business License Divisions

16102 Arrow Hwy., Irwindale, CA 91706

Office hours: Monday – Thursday from 8:00 a.m. to 6:00 p.m.

### **Applying for an Irwindale Business License**

The Occupancy Permit Application Packet consists of the following:

- a. City of Irwindale Building & Safety Application for Occupancy Permit
- b. Planning Department, Preliminary Zoning Approval Form
- c. South Coast, Air Quality Management District (SCAQMD) Form
- d. County of Los Angeles, Statement of Intended Use Forms

#### **The **PROCESS** is as follows:**

1. Fill out the **business license application** online at [www.irwindaleca.gov](http://www.irwindaleca.gov) and pay for your business license. The cost of the business license fee will be provided to you via email.
2. Fill out entire **Occupancy Permit Application** packet.
3. Take completed application to **L.A. County Fire Department** and **SCAQMD** for approval.
4. Return packet to the **Planning Division** for approval.
5. **Occupancy permit issuance** will occur with payment to the City of Irwindale and approval from all required agencies. **Cash or Checks ONLY!**
6. Now move into the facility and call (626) 430-2254 to **schedule an inspection**.
7. Once the County Building Inspector signs off on the permit, please **bring the signed paperwork to the Building & Safety Division** where the Permit Technician will stamp the signed permit "READY FOR BUSINESS LICENSE."
8. Once the license fee is paid and all required documents are received, the Business License will be processed and mailed to the business.

*\* Please note: (1) The occupancy permit must be finalized prior to the release of business license.*

*(2) Each month, penalties are incurred if the business does not have a business license.*

*(3) We highly encourage that you DO NOT begin any tenant improvements until the occupancy permit is finalized and the business license is released to avoid high penalty fees.*

## City of Irwindale Occupancy Fee Schedule

Effective July 1, 2017, Occupancy Permit fees in the City of Irwindale will be as follows:

Permit Issuance Fee	\$60.00
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Plus (+) Amount of Affected Floor Area:

Up to 5,000 square feet	\$583.50
5,001 to 10,000 square feet	\$702.20
10,001 to 100,000 square feet	\$1167.50
above 100,000 square feet	\$1769.60

- *Please note: These are "one-time" fees provided your business stays in the same location. Change of location, unit number, suite number, building or address requires additional occupancy permit(s).*
- *Businesses expanding into additional suites or units also require an occupancy permit for each new unit occupied.*



CITY OF IRWINDALE  
BUILDING & SAFETY DEPARTMENT  
AGENCY REFERRAL FOR OCCUPANCY PERMIT

Los Angeles County Fire Department

**Local Fire Prevention Office**

**605 N. Angeleno Ave**

**Azusa, CA 91702**

**(626) 969 7876**

**Office Hours:**

**Monday – Thursday**

**8:00 – 10:00AM**



# CITY OF IRWINDALE APPLICATION FOR OCCUPANCY PERMIT

PERMIT NO. \_\_\_\_\_ ASSESSOR I.D. NO. \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_ SUITE NO. \_\_\_\_\_ CROSS STREET \_\_\_\_\_  
(STREET ADDRESS/CITY/STATE/ZIP CODE)

TENANT: \_\_\_\_\_ TENANT'S PHONE NO. ( ) \_\_\_\_\_  
(BUSINESS NAME)

SQUARE FOOTAGE: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ NO OF PARKING SPACES: \_\_\_\_\_

OCCUPANCY GROUP: OFFICE WAREHOUSE RESTAURANT INDUSTRIAL RESIDENTIAL OTHER: \_\_\_\_\_

BUILDING OWNER'S NAME: \_\_\_\_\_ OWNER'S PHONE NO. ( ) \_\_\_\_\_  
(LAST NAME/FIRST NAME/BUSINESS NAME)

ADDRESS: \_\_\_\_\_ OWNER/BUILDER?: ☐ YES ☐ NO  
(STREET ADDRESS/CITY/STATE/ZIP CODE)

APPLICANT: \_\_\_\_\_ APPLICANT'S PHONE NO. ( ) \_\_\_\_\_  
(LAST NAME/FIRST NAME & BUSINESS NAME)

ADDRESS: \_\_\_\_\_ WORKER'S COMP. POLICY NO. \_\_\_\_\_  
(STREET ADDRESS/CITY/STATE/ZIP CODE)

## FOR OFFICE USE ONLY

PERMIT ISSUANCE FEE: \$ \_\_\_\_\_  
OCCUPANCY PERMIT FEE: \$ \_\_\_\_\_  
TOTAL AMOUNT PAID: \$ \_\_\_\_\_

FORM OF PAYMENT  
CHECK ☐ NUMBER \_\_\_\_\_  
CASH ☐

BUILDING & SAFETY DEPARTMENT STAMP



**CITY OF IRWINDALE**  
**PRELIMINARY ZONING APPROVAL FORM**  
for  
**Occupancy Permit/Business License**

Before a business license application can be accepted applicant must receive preliminary zoning approval.

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Proposed Business Address: \_\_\_\_\_

Proposed Business Zone: \_\_\_\_\_

Description of Proposed Business (be specific): \_\_\_\_\_

- 1) Will the business sell or prepare food or have any entertainment (i.e.: dancing, singing modeling,...) Yes / No\*
- 2) Will the business use, sell, or store and materials classified as toxic or hazardous by either the federal or state government as a substantial part of the total use? Yes / No\*
- 3) Will the business store materials, vehicles and/or equipment outdoors? Yes / No
- 4) Will the business sell or provide; A) Alcohol Yes / No B) Sexually Oriented Materials Yes / No  
C) Live Entertainment Yes / No

\*If you answered yes to any of the above please give full explanation: \_\_\_\_\_

*I certify under penalty of perjury that the above information contained herein is true and complete to the best of my knowledge.*

Applicants signature \_\_\_\_\_

Date \_\_\_\_\_

If the preliminary zoning is not approved, a Business License and/or Occupancy and/or Tenant Improvement application will not be accepted until zoning approval is obtained.

For office use only:

Approved \_\_\_\_\_

Denied \_\_\_\_\_

CUP Required Yes / No

Planner \_\_\_\_\_

Date \_\_\_\_\_

Code Enforcement \_\_\_\_\_

Date \_\_\_\_\_





## South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182

### Air Quality Permit Checklist

#### Small Business Assistance Office

1-800-388-2121

smallbizassistance@aqmd.gov

www.aqmd.gov

California Government Code Section 65850.2 prohibits cities from issuing a Certificate of Occupancy to a business without clearance from the local air quality agency. South Coast Air Quality Management District (SCAQMD) developed this Air Quality Checklist as a screening evaluation tool in the clearance process required pursuant to Section 65850.2. Please provide a response to all questions on this checklist.

If you have any question or need assistance completing this checklist, please contact the SCAQMD's Small Business Assistance Office, and a representative will help you complete the information in the checklist.

NOTE: If there are any demolition or renovation activities that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

#### Section A - Operator/Business Information

1. Business Name:

2. Address:

Street \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_

3. Contact Name:

Telephone Number:

Title:

Email:

#### Section B - Facility Business Information/Business and Equipment Description

Please provide a detailed description of the business operations to be performed and equipment to be used at this location:

#### Section C - Checklist Questionnaire

Please respond to all questions as it relates to the business activities to be performed at this location. Will business operations at this location:

1. Result in the release of air pollutants, including but not limited to, dust, fumes, gas, mist, odors, smoke, vapor, or a combination of these to the atmosphere? Yes No
2. Result in the use of fuel-burning equipment including, but not limited to, boilers, generators, and internal combustion engines? Yes No
3. Result in the use of hazardous materials, including but not limited to, chemicals, plastics, rubber, resins, solvents, paints, and parts cleaners? Yes No

**Section C - Checklist Questionnaire (continued)**

4. Result in the use of an above or underground storage tank? Yes No
5. Consist of manufacturing, fabrication, finishing, or treatment of wood, metal or plastic products: Yes No
6. Result in the use of any of the equipment listed below: Yes No  
(Select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room                                      | <input type="checkbox"/> Soldering Oven                                  |
| <input type="checkbox"/> Air Conditioning Systems (containing > 50 lbs of refrigerant)       | <input type="checkbox"/> Spray Booth                                     |
| <input type="checkbox"/> Application of Paints/Adhesives/Resins                              | <input type="checkbox"/> Storage of Acids/Solvents/Organic Liquids/Fuels |
| <input type="checkbox"/> Baghouse/Dust Collector   | <input type="checkbox"/> Storage Silos (sugar, flour, etc.)              |
| <input type="checkbox"/> Bakery Oven (gas-fired)   |  |
| <input type="checkbox"/> Boiler/Water Heater (max. heat input = or > 1 million BTU/hr)       |  |
| <input type="checkbox"/> Charbroiler/Smoker  |  |
| <input type="checkbox"/> Coffee Roaster/Afterburner  |  |
| <input type="checkbox"/> Deep Fryer (excluding equipment located at eating establishments)   |  |
| <input type="checkbox"/> Dry Cleaning Equipment  |  |
| <input type="checkbox"/> Electrostatic Precipitator  |  |
| <input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting of Metals  |  |
| <input type="checkbox"/> Fermentation  |  |
| <input type="checkbox"/> Gasoline Storage & Dispensing Equipment                             |  |
| <input type="checkbox"/> Internal Combustion Engine (rated > 50 bhp; e.g. back-up generator) |  |
| <input type="checkbox"/> Mixing/Blending of Liquids and/or Powders                           |  |
| <input type="checkbox"/> Molding/Extruding/Curing of Plastics                                |  |
| <input type="checkbox"/> Pharmaceutical/Nutraceutical  |  |
| <input type="checkbox"/> Plasma/Laser Cutter   |  |
| <input type="checkbox"/> Printing/Coating/Drying   |  |
| <input type="checkbox"/> Production of Fumes/Dust/Smoke/Odors                                |  |
| <input type="checkbox"/> Refrigeration Systems (containing > 50 lbs of refrigerant)          |  |

**Section D - Business Self Certification**

7. Preparer:

Title:

Signature:

Date:

Telephone Number:

*I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.*

Equipment:

Clearance Issued By:

SCAQMD  
USE ONLY☐ Applicant has permit(s) from the SCAQMD:☐ Applicant has filed for permit(s) with the SCAQMD:☐ Applicant is exempt from permit requirements:☐ Applicant has complied with filing requirements of R222:☐ Based on the information provided, no equipment/process requiring air quality permit or registration.





## COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

Form 30 (8/08)

### NOTICE TO PROSPECTIVE BUSINESSES STATEMENT OF INTENDED USE

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the Fire, Building, and Life Safety Codes. To help us assess what particular laws apply to your business, please provide the following information:

#### PART I – Building Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Square footage: \_\_\_\_\_

#### PART II – Questionnaire

	YES	NO
1. Will you have over 500 square feet of <u>high-piled combustible storage</u> ? (> 12' or > 6' for High Hazard Commodities) See Part V of this form for more information.	<input type="checkbox"/>	<input type="checkbox"/>
2. Will you be storing more than 2500 cubic feet of miscellaneous <u>combustible materials</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you store, transport on site, dispense, use, or handle <u>hazardous materials</u> ? (FC Table 105.6.20)	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you store, handle, use, apply, or dispense <u>flammable or combustible liquids or powder coating</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you store, handle, or use <u>compressed gases including liquefied petroleum gases</u> ? (FC Table 105.6.8)	<input type="checkbox"/>	<input type="checkbox"/>
6. Will you produce, store, handle, or transport onsite <u>cryogenic fluids</u> ? (FC Table 105.6.10)	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you store, use, or handle <u>radioactive materials</u> more than 1 microcurie or any amount that requires a permit from The Nuclear Regulatory Commission?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you store or handle more than 25 lbs of <u>pyroxylin plastics</u> or use any such material in a manufacturing process?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you melt, cast, heat treat, or grind more than 10 lbs of <u>magnesium or other combustible metals</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will you store or handle an aggregate quantity <u>aerosol products</u> in excess of 500 lbs. net weight?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will you manufacture more than one gallon of <u>organic coating</u> per day?	<input type="checkbox"/>	<input type="checkbox"/>
12. Will you store, handle, sell, or use any <u>model rocket engines, pyrotechnic materials or fireworks</u> ?	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO
13. Will you have a <u>refrigeration</u> system with >220 lbs Group A1 or 30 lbs of any other refrigerant?	<input type="checkbox"/>	<input type="checkbox"/>
14. Will you store or handle loose <u>combustible fibers</u> in excess of 100 cubic feet?	<input type="checkbox"/>	<input type="checkbox"/>
15. Will you install or operate a stationary <u>lead-acid battery system</u> with more than 100 gallons of liquid capacity?	<input type="checkbox"/>	<input type="checkbox"/>
16. Will you conduct fruit or crop ripening operations using <u>ethylene gas</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
17. Will you <u>produce combustible dust</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
18. Will you operate a <u>place of assembly</u> (drinking, dining, or gathering) with a single room occupant capacity of 50 or more people?	<input type="checkbox"/>	<input type="checkbox"/>
19. If YES to #18, Will you have <u>liquid or gas fueled vehicles or equipment</u> ; use <u>open flames or candles</u> ; or store, use, or handle <u>cellulose nitrate film</u> in an assembly occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
20. Will you operate a <u>carnival or a fair, or an amusement, covered mall, exhibit or trade show building</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
21. Will you use <u>dry cleaning equipment</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
22. Will you operate an <u>industrial baking oven, or a power coating or spray finish booth or room</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
23. Will you be conducting <u>welding, cutting, or other hot work operations</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
24. Will you be using <u>open-flame devices including torches, candles, lanterns, or portable cooking appliances</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
25. Will you conduct any form of <u>open burning, or create a bonfire, rubbish, or recreational fire</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
26. Will you be conducting activities or create a condition near a <u>hazardous fire area</u> (wildfire area) that could accidentally ignite a wildfire?	<input type="checkbox"/>	<input type="checkbox"/>
27. Will you have a <u>lumber yard or wood working plant</u> which stores or processes 100,000 board feet of lumber?	<input type="checkbox"/>	<input type="checkbox"/>
28. Will you store <u>wood chips, hogged material, lumber, or plywood</u> in excess of 200 cubic feet?	<input type="checkbox"/>	<input type="checkbox"/>
29. Will you conduct any <u>fumigation or thermal insecticidal fogging</u> operations?	<input type="checkbox"/>	<input type="checkbox"/>
30. Will you operate an <u>auto wrecking, waste handling, or commercial rubbish handling facility</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
31. Will you <u>remanufacture tires</u> or store over 2,500 cubic feet of tires or <u>tire byproduct</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
32. Will you operate a <u>repair garage</u> or <u>fuel dispensing facility</u> for automotive, marine, or fleet equipment?	<input type="checkbox"/>	<input type="checkbox"/>
33. Will you perform <u>floor finishing</u> over 350 sq ft using Class I or II liquids?	<input type="checkbox"/>	<input type="checkbox"/>
34. Will you operate a <u>temporary sales lot</u> for the sale of Christmas trees or pumpkins?	<input type="checkbox"/>	<input type="checkbox"/>
35. Will you install or use any type of <u>temporary membrane structure, tent, or canopy</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
36. Will you conduct any <u>motion picture, television, commercial, or related film production</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
37. Will you be removing or using a <u>privately owned fire hydrant</u> ?	<input type="checkbox"/>	<input type="checkbox"/>

**PART II – Questionnaire continued...**

YES NO

38. Is your building equipped with automatic fire sprinklers?

☐ ☐

If YES provide the following information: *(The following information can usually be found on the main sprinkler system riser for each system or the Fire Department Connection (FDC) or can sometimes be obtained from the property owner.)*

a) Date of last fire sprinkler system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): \_\_\_\_\_

b) Below is a list of common types of sprinkler systems. Complete the information for the type of system installed in your building:

♦ **CALCULATED:** \_\_\_\_\_ GPM/SqFt \_\_\_\_\_ Design Area (i.e. .3/3000)

♦ **PIPE SCHEDULE (non-calculated):** \_\_\_\_Light Hazard \_\_\_\_Ordinary Hazard \_\_\_\_Extra Hazard

♦ **EARLY SUPPRESSION FAST-RESPONSE (ESFR):** \_\_\_\_\_PSI ESFR K Factor \_\_\_\_\_

c) Is the sprinkler system electronically supervised? If YES then:

☐ ☐

Fire sprinkler alarm monitoring company: \_\_\_\_\_

39. Is your building equipped with a standpipe system (fire hose or fire hose connections)? If YES:

☐ ☐

a) Type and location: \_\_\_\_\_  
(Certification information can usually be found on labels on the main standpipe system riser for each system)

b) Date of last standpipe system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): \_\_\_\_\_

40. Is your building equipped with any other type of manual or automatic fire extinguishing system? *(Halon, Clean Agent, FM-200, Kitchen Hood System, Spray Booth)* If YES then:

☐ ☐

a) Type and location: \_\_\_\_\_

b) Date of last automatic extinguishing system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): \_\_\_\_\_

41. Is your building equipped with a manual or automatic fire alarm system? If YES then: *(smoke detector, heat detector, or manual pull)*

☐ ☐

a) Date of last alarm system test: \_\_\_\_\_

b) Is the fire alarm system electronically supervised? If YES:

Fire alarm monitoring company: \_\_\_\_\_

42. Maximum number of employees working at one time: \_\_\_\_\_

☐ ☐

43. Hours of operation: \_\_\_\_\_To\_\_\_\_\_

44. Describe the method of disposing of combustible or hazardous waste materials:

\_\_\_\_\_  
\_\_\_\_\_



## PART III – Intended Use Statement

1. **SUBMIT A LETTER:** Submit a signed, legible letter (preferably typewritten and on your company's letterhead) stating your intended use for the property. In the letter, describe materials you will be storing and using on the property. Explain the method of storage (e.g., racks, pallets), storage dimensions, and where the materials will be located on the property. Describe how you will be using the materials. Provide details to any item(s) marked "yes" in Part II and explain any planned alterations to the building. (See attached example).
2. **SUBMIT SITE PLAN / FLOOR PLAN:** Submit site plan drawn to rough scale showing the property size and location, building size and location on property, both in square feet. Show all exit doors, fire extinguishers, fire hose cabinets, special fire or life safety systems, and any item(s) marked "yes" in Part II. (See attached example).

## PART IV – Hazardous Materials Non-Handler Declaration:

### HAZARDOUS MATERIALS NON-HANDLER DECLARATION (FORM 585)

{ } THIS BUILDING WILL USE HAZARDOUS MATERIALS IN EXCESS OF NON-REPORTABLE AMOUNTS.

{ } THIS BUILDING WILL NOT USE HAZARDOUS MATERIALS OR USES NON-REPORTABLE AMOUNTS.

A hazardous material may be broadly defined as any material that because of its quantity, concentration, or physical or chemical characteristics, poses a significant, present, or potential hazard to human health and safety, property, or to the environment. A hazardous material includes, but is not limited to, any substance or material which the handler or the administering agency has a reasonable basis for believing would be injurious to a person's health and safety or harmful to the environment if released into the work place or surrounding areas.

By signing below, I declare that the above named business, organization, or occupant will not handle a hazardous material or mixture containing hazardous material which has a quantity at any one time during the reporting year equal to, or greater than, a total weight of 500 pounds, or a total of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas.

Print Name and Title of Declarer: \_\_\_\_\_ Date: \_\_\_\_\_

Declarer Signature: \_\_\_\_\_ Fire Department Representative: \_\_\_\_\_

## PART V – High-Piled Combustible Storage:

In Chapter 23 of the County of Los Angeles Fire Code, high-piled combustible storage is defined as: Storage of combustible materials [product and/or packaging] in closely packed piles (floor storage) or combustible materials on pallets, in racks, or on shelves where the top of storage is **greater than 12 feet in height**. High-piled combustible storage also includes certain high hazard commodities, such as rubber tires, 'Group A' plastics, flammable liquids, idle pallets, and similar commodities, where the top of the storage is greater than six feet in height.

It is very important to contact a fire inspector prior to consideration of storing high-piled combustible storage. Many of the permit requirements must be built into your building. If your building is not approved for high-piled combustible storage it may be cost prohibitive. For example, if you have a pipe schedule sprinkler system no high-piled storage is permitted until the system is calculated. A fire inspector can assist you with fire department requirements.

{ } THIS BUILDING WILL NOT BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE.

{ } THIS BUILDING WILL BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE. "Permit Required." Contact a Fire Inspector for permit requirements.

{ } THIS BUILDING IS A SPECULATION BUILDING WITHOUT A TENANT AT THIS TIME. The tenant will be notified to contact the Fire Department prior to use of the building.
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## **FIRE DEPARTMENT STAMP**

TO GET A STAMP FROM THE FIRE DEPARTMENT YOU MUST BRING THE FOLLOWING ITEMS TO THE JURISDICTIONAL FIRE PREVENTION OFFICE:

- THE STATEMENT OF INTENDED USE FORM 30, COMPLETELY FILLED OUT
- A SIGNED LETTER FROM THE BUSINESS OWNER, OR AUTHORIZED AGENT (SEE PAGE 4)
- A FLOOR PLAN / SITE PLAN OF THE BUILDING
- THE OCCUPANT EMERGENCY INFORMATION, COMPLETELY FILLED OUT (PAGE 7)

### **FIRE DEPARTMENT STAMP:**

#### **THE FOLLOWING PERMITS ARE REQUIRED:**

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PERMIT INFORMATION SHEETS WILL BE PROVIDED FOR REQUIRED PERMITS. (Permit Information Sheets are also available for viewing on our website. Go to [www.fire.lacounty.gov](http://www.fire.lacounty.gov), under Fire Prevention Division look for "Permit Requirements.")

PERMITS WILL ONLY BE ISSUED BY A FIRE INSPECTOR. PLEASE CONTACT YOUR FIRE INSPECTOR TO SCHEDULE AN INSPECTION.

## **FIRE EXTINGUISHER REQUIREMENTS**

(This section to be completed by Fire Department personnel.)

### **Primarily Class A Fire Hazards (Ordinary Combustibles):**

- { } Light Fire Hazard: Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible, conspicuous area. One extinguisher is required for every 6,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point hazard involved. Mount in an accessible and conspicuous location.
- { } Ordinary Fire Hazard: Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible, conspicuous area. One extinguisher is required for every 3,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point of the hazard involved. Mount in an accessible and conspicuous location.
- { } Extra Fire Hazard: Provide a fire extinguisher with a minimum Class A rating of 4. One extinguisher is required for every 4,000 square feet. Travel distance to a fire extinguisher shall not exceed 75 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.

### **Class B Fire Hazards Present (Flammable/Combustible Liquids with depths .25" or less):**

- { } Light Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 10 mounted in an accessible, conspicuous area. The travel distance to a fire extinguisher shall not exceed 50 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.
- { } Ordinary Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 10 with an allowable a maximum or 30 feet travel distance or a fire extinguisher with a minimum Class B rating of 20 with a maximum allowable travel distance of 50 feet from the hazard involved. Mount in an accessible and conspicuous location.
- { } Extra Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 40 with a maximum feet travel distance of 30 feet or a fire extinguisher with a Class B rating of 80 with allowable maximum travel distance of 50 feet from the hazard involved. Mount in an accessible and conspicuous location.

### **Special Hazard Protection (Grease and Combustible Metal):**

- { } Commercial Kitchen Hood System – One Class K fire extinguisher shall be placed within 30 feet of all grease cooking operations in a commercial kitchen. Protection of a multiple deep fat fryer appliance installation shall be as per Fire Code 904.11.5.2. Mount in an accessible and conspicuous location. Care shall be used to insure that the K Class extinguisher and not the other type of extinguishers will be used in the event of a grease fire involving cooking equipment. Multi-purpose fire extinguishers may compromise the effectiveness in wet chemical kitchen hood extinguishing systems.
- { } Hazards involving the ignition of Class D combustible metals such as magnesium, titanium, zirconium, sodium, lithium, and potassium shall be protected as per NFPA 10 standard for areas where combustible metal powders, flakes, shavings, chips, or similarly sized products are generated. Travel distance to a fire extinguisher/fire extinguishing agent shall not exceed 75 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.

See Fire Code Table 906.1 for additional specified areas for required fire extinguisher placement.

County of Los Angeles Fire Department  
Occupant Emergency Information

*Please type or neatly print!*

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**GENERAL INFORMATION:**

Business Name: \_\_\_\_\_

DBA/AFA/FKA: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP+4: \_\_\_\_\_

\_\_\_\_ new construction, name change, or ownership change: \_\_\_\_\_

\_\_\_\_ a new occupant moving in and the previous occupant/business has moved out \_\_\_\_\_

\_\_\_\_ sharing the above address with another occupant/business by the name of: \_\_\_\_\_

Mailing Address (only if different than above): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Generic E-mail: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Senior Person: \_\_\_\_\_ Title: \_\_\_\_\_

Describe Property Use: \_\_\_\_\_

Hazardous Material: \_\_\_\_\_

Notes/Special Concerns: \_\_\_\_\_

Thomas Guide: \_\_\_\_\_ Cross Street: \_\_\_\_\_

City License/Permit #: \_\_\_\_\_ Zone: \_\_\_\_\_ Fire Station #: \_\_\_\_\_

Water Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

---

**PROPERTY INFORMATION:**

Landlord/Property Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

Occupancy Code: \_\_\_\_\_ Roof Type: \_\_\_\_\_ SQFT: \_\_\_\_\_ Stories: \_\_\_\_\_ High Piled: \_\_\_\_\_ Fire Sprinklers: \_\_\_\_\_

Basement: \_\_\_\_\_ Target Hazard: \_\_\_\_\_ HM Handler: \_\_\_\_\_ FD Permit: \_\_\_\_\_

---

**EMERGENCY CONTACT INFORMATION: (24 Hour number – usually home phone)**

1st Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2nd Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3rd Person to contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_



(Sample Statement of Intended Use Letter)

Big Ben Furniture company  
1000 South Anyplace  
Your City, CA 00000

April 26, 2002

To Whom It May Concern:

The following information is in answer to your request regarding the business operation to be conducted at the above address.

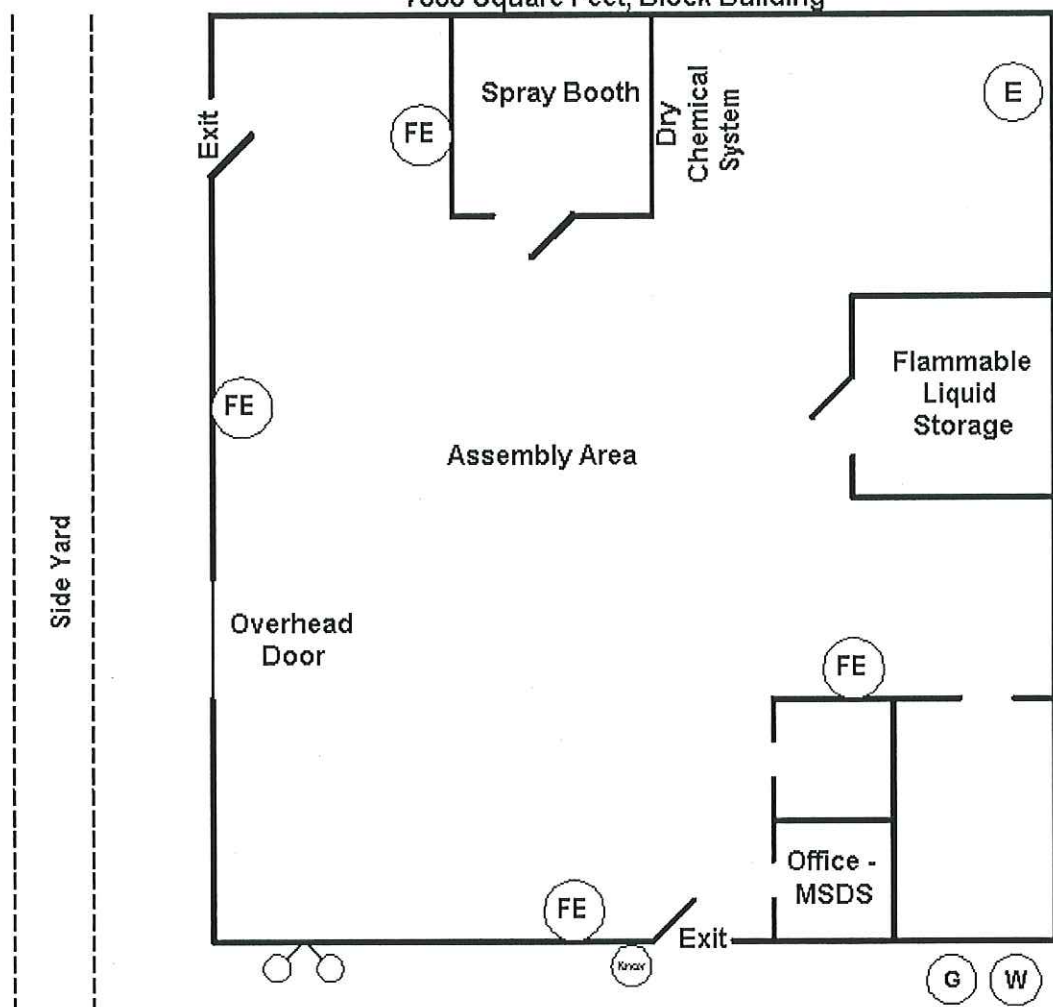
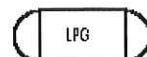
1. Operations conducted in the building are as follows:
  - a) Upholstery – manufactures loose cushions for wood and metal furniture as well as some fully upholstered furniture.
  - b) Plastic furniture – manufacture plastic furniture out of extruded plastic tubing. Operations include cutting, thermoforming and assembly.
  - c) Spray painting – painting of all necessary items. All spray painting to take place in spray booth.
  - d) Warehousing of wood and metal furniture components.
  - e) General office activities.
2. See attached plot plan.
3. Materials to be stored include the following.
  - a) Metal and wood furniture frames stacked upon themselves
  - b) Wood furniture parts palletized.
  - c) Upholstery materials in racks 6 feet high.
  - d) Plastic tubing and furniture parts in racks 6 feet high.
4. Materials are stored both in racks, on pallets, and free standing. Maximum height of storage is 10 feet.
5. No alterations are planned at this time.

Sincerely,

John J. Jones  
President

JJJ:ab

Gary's Auto Body  
17056 Gale Ave, Industry  
7500 Square Feet, Block Building



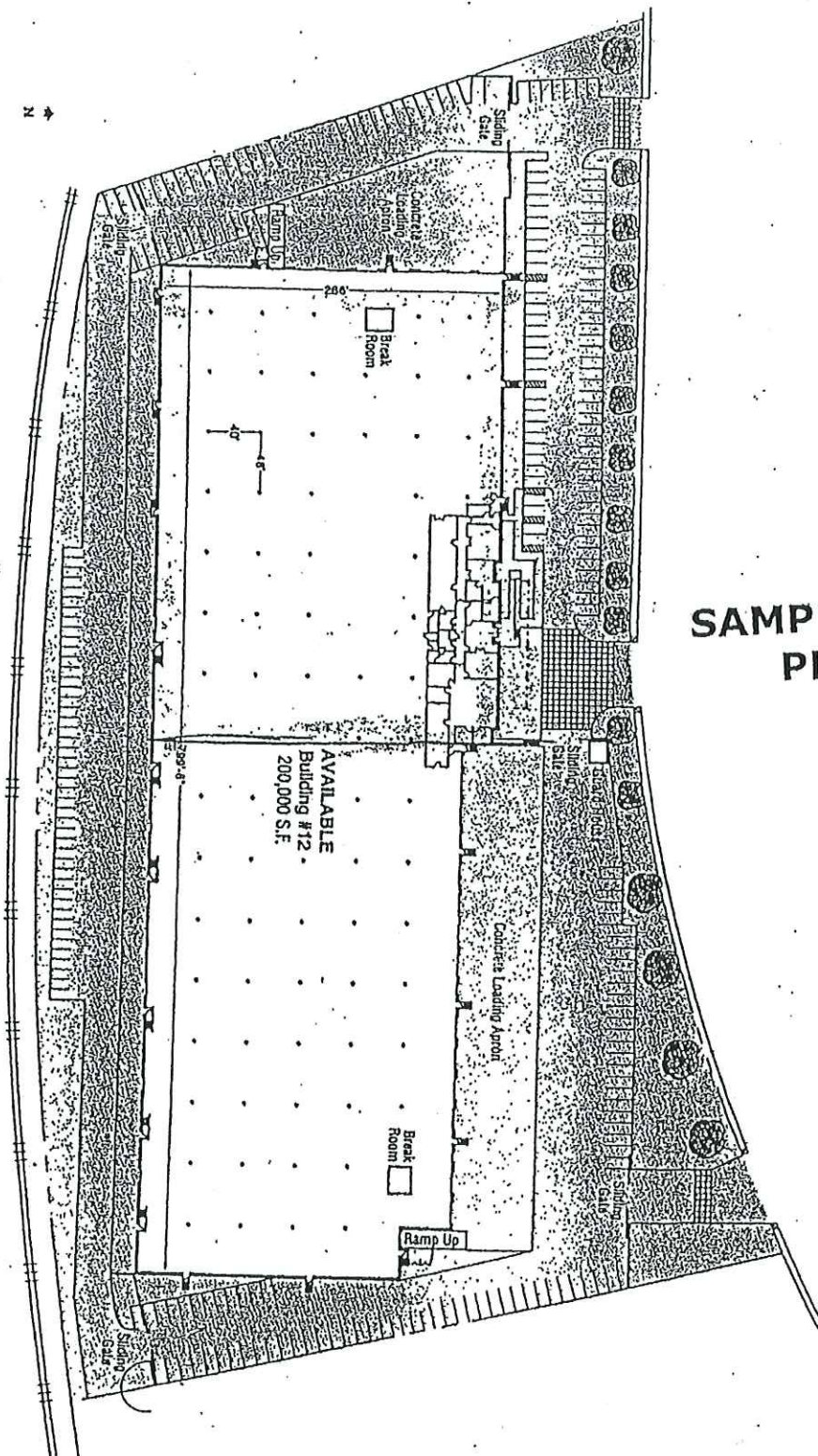
(P.I.V.) Post Indicator Valve



## SAMPLE FLOOR PLAN

Gale Avenue

- |                    |                        |                    |
|--------------------|------------------------|--------------------|
| (G) Gas Shut-Off   | (FE) Fire Extinguisher | (Knox) Access Keys |
| (W) Water Shut-Off | (E) Electrical Panel   |                    |



# **SAMPLE SITE PLAN**